

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	AN ANALYSIS SYSTEM FOR ANALYSING THE CONDITION OF A MACHINE
Attorney Docket Number::	1501-1258
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: STEFAN  
Middle Name::  
Family Name:: LINDBERG  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: SLANBARSSTIGEN 10  
City of Mailing Address:: STRANGNAS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-645 43

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HAKAN  
Middle Name::  
Family Name:: HEDLUND  
Name Suffix::  
City of Residence:: STRANGNAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: TRANBARSSTIGEN 15 B  
City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 43

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JIM

Middle Name::

Family Name:: KUMMELSTAM

Name Suffix::

City of Residence:: STRANGNAS

State or Province of  
Residence::

Country of Residence:: SWEDEN

Street of Mailing ELMAVAGEN 11

Address::

City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 92

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JARL-OVE

Middle Name::

Family Name:: LINDBERG

Name Suffix::

City of Residence:: STRANGNAS

State or Province of  
Residence::

Country of Residence:: SWEDEN

Street of Mailing UTSIKTSVAGEN 32

Address::

City of Mailing Address:: STRANGNAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-645 42

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00081	1/20/03
PCT/SE03/00081	An application claiming the benefit under 35 USC 119 (e)	60/384,118	5/31/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0200147-7	1/18/02	Yes
SWEDEN	0200215-2	1/25/02	Yes

10/500387  
DT04 Rec'd PCT/PTO 28 JUN 2004

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::